

DECLARATION
Utility Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **CEREBRAL PROTECTION DURING CAROTID ENDARTERECTOMY AND METHODS OF USE** the specification of which

(Check One) ☒ is attached hereto OR
☐ was filed on _____ as United States Application Serial No. Not yet assigned or PCT International Application No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	No


I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

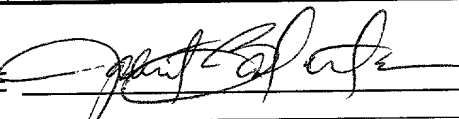
Application Number(s)	Filing Date

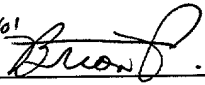
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

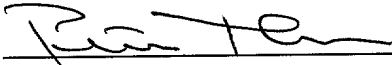
U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Roman	MIDDLE Initial	LAST Name Turovskiy	
	RESIDENCE & CITIZENSHIP	City San Francisco	State or Foreign Country California	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	447-25 th Avenue, #1	City San Francisco	State or Country CA	Zip Code 94121
INVENTOR'S SIGNATURE  DATE <u>3/1/01</u>					

202	FULL NAME OF INVENTOR	FIRST Name Jobert	MIDDLE Initial	LAST Name BALCETA	
	RESIDENCE & CITIZENSHIP	City San Jose	State or Foreign Country California	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	933-D Summerside Drive	City San Jose	State or Country CA	Zip Code 95122
INVENTOR'S SIGNATURE  DATE <u>03/01/01</u>					

203	FULL NAME OF INVENTOR	FIRST Name Ross	MIDDLE Initial S.	LAST Name Tsugita	
	RESIDENCE & CITIZENSHIP	City Mountain View	State or Foreign Country California	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	1653 Gretel Lane	City Mountain View	State or Country CA	Zip Code 94040
INVENTOR'S SIGNATURE ^{BA}  DATE _____					

204	FULL NAME OF INVENTOR	FIRST Name Peter	MIDDLE Initial M. (nun) ^{PT} 2/24/01	LAST Name Thornton	
	RESIDENCE & CITIZENSHIP	City Los Altos	State or Foreign Country California	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	1416 Fairway Drive	City Los Altos	State or Country CA	Zip Code 94024
INVENTOR'S SIGNATURE  DATE <u>2/24/01</u>					

205	FULL NAME OF INVENTOR	FIRST Name Brian	MIDDLE Initial P.	LAST Name Nuel	
	RESIDENCE & CITIZENSHIP	City Cupertino, CA	State or Foreign Country California	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	10526-B. North Foothill Blvd.	City Cupertino	State or Country CA	Zip Code 95014
INVENTOR'S SIGNATURE <u>Brian P. Nuel</u> DATE <u>2/27/01</u>					

206	FULL NAME OF INVENTOR	FIRST Name Lorraine	MIDDLE Initial M.	LAST Name Martinez	
	RESIDENCE & CITIZENSHIP	City Fremont	State or Foreign Country California	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	701 Saltillo Place	City Fremont	State or Country CA	Zip Code 94536
INVENTOR'S SIGNATURE <u>Lorraine M. Martinez</u> DATE <u>2/26/01</u>					

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was filed on _____ as United States Application Serial No. Not yet assigned
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U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned

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	POST OFFICE ADDRESS	933-D Summerside Drive	City San Jose	State or Country CA	Zip Code 95122
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	RESIDENCE & CITIZENSHIP	City Mountain View	State or Foreign Country California	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	1653 Gretel Lane	City Mountain View	State or Country CA	Zip Code 94040
INVENTOR'S SIGNATURE <u>RA</u> DATE <u>2/23/01</u>					

204	FULL NAME OF INVENTOR	FIRST Name Peter	MIDDLE Initial M.	LAST Name Thornton	
	RESIDENCE & CITIZENSHIP	City Los Altos	State or Foreign Country California	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	1416 Fairway Drive	City Los Altos	State or Country CA	Zip Code 94024
INVENTOR'S SIGNATURE _____ DATE _____					

205	FULL NAME OF INVENTOR	FIRST Name Brian	MIDDLE Initial	LAST Name Nuel	
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country California	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS		City	State or Country CA	Zip Code
INVENTOR'S SIGNATURE _____ DATE _____					

206	FULL NAME OF INVENTOR	FIRST Name Lorraine	MIDDLE Initial M.	LAST Name Martinez	
	RESIDENCE & CITIZENSHIP	City Fremont	State or Foreign Country California	Country of Citizenship U.S.A.	
	POST OFFICE ADDRESS	701 Saltillo Place	City Fremont	State or Country CA	Zip Code 94536
INVENTOR'S SIGNATURE _____ DATE _____					

**POWER OF ATTORNEY
By Assignee**

EMBOL-X, INC., assignee(s) of the application for United States Letters Patent for an improvement in

CEREBRAL PROTECTION DURING CAROTID ENDARTERECTOMY AND METHODS OF USE
by BALCETA, Jobert,

the specification of which:

☒ is filed herewith, OR
☐ was filed on _____, having U.S. Patent Application Serial No. _____,

does hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by Customer Number 22249:



22249

PATENT TRADEMARK OFFICE

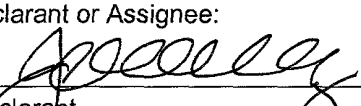
LYON & LYON LLP
Suite 4700
633 W. Fifth Street
Los Angeles, CA 90071
(213) 489-1600

Please send all correspondence to the attention of John Kappos, at the above Customer Number, and direct all telephone calls to (949) 567-2300.

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

☒ is filed for recordation herewith; or
☐ was recorded at Reel _____, Frame _____; or
☐ has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

Full Name of Assignee: EMBOL-X, Inc.	
Post Office Address: 645 Clyde Avenue, Mountain View, California 94043-2213	
Signature of Declarant or Assignee: 	Date: 2/26/01
Full Name of Declarant	
If Other Than Assignee: Jean Chang	
Title of Declarant: Chief Operating Officer	
Address of Declarant: 645 Clyde Avenue, Mountain View, CA 94043-2213	